Personal privacy information

293265

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

-005

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *1888281*
	Address *Salem, OR 97205* *USA*		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Salem, OR* *USA* *08/17/2016*	Date registrant became aware of incident. *08/18/2016*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *62719-324*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) *Glyphosate IPA*	A.I. (s)	A.I. (s)
	Product 1 name *Rodeo Herbicide*	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *No*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). *Workplace*	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). *See Incident Description Notes*
	Applicator certified? *UNK*		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) *See Incident Description Notes*		

DERBI: SC 1½
Report: Yes X No
If no, why:
Date: 8/30/16

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Brief description of incident circumstances.

Aug 18 2016 7:24AM
Hx: Caller states that he was spraying the diluted product yesterday while wearing safety glasses. The wind blew some product into his face. He washed his face for several min. About 1 hr later, his eye became irritated. He then rinsed his eye with water. Sx currently persists. He is not wearing the contact lenses he wore yesterday.

Caller does not have the product with him. Identified product by name.

A: The product may be irritating to the eyes, but is not expected to cause delayed/lasting problems. Recommend discarding the possibly-contaminated contacts and seeking medical eval today for ongoing sx. Bring product information with you and have your doctor contact us using your case reference number if more information or consultation is needed.
* * * * * * * * * * * * * * * * * *
Aug 19 2016 4:02PM
1st attempt at follow-up. Left voice message giving reason for call, case number, and cb number. Reset.
* * * * * * * * * * * * * * * * * *
Aug 22 2016 3:50PM
2nd attempt at follow-up. Left voice message with reason for call, case number, and cb number.
* * * * * * * * * * * * * * * * * *
Aug 22 2016 4:32PM
Callback from Pt-
He states he to urgent care and then he was sent to an eye doctor and they checked his eye and they found a small scratch on the cornea. He was given unk eye drops to be used 2x per day and his sxs subsided the following day.

A. Updated case accordingly. Cb prn.

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<table>
<tr><td>Demographic information:
Age: 35 Year(s) Sex: Male
Occupation (if relevant)
Not specified</td><td>Exposure route:
Dermal</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Yes
If yes, days lost due to illness:
Not specified</td><td>Time between exposure and onset of symptoms:
2 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Ocular-Corneal abrasion
Ocular-Ocular irritation/pain</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Ocular exposure to the product mist may result in minor and self-limiting ocular redness and irritation. The product is considered an irritant and the report of corneal damage is not expected based on product's toxicological profile and the exposure described.</td></tr>
</table>

Internal ID #
1888281